



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

Community Development Department

PLANNING SERVICES DIVISION

PLANNING & ZONING APPLICATION FORM

Project Name: _____

TYPE OF REQUEST:

<input type="checkbox"/> Rezoning	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Variance
<input type="checkbox"/> Zoning Code Text Amendment	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Other
<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Sign Plan Review	<input type="checkbox"/> Other:

For CDD/PAS Use Only:

Date Received: _____ File No: _____ Fees Paid: _____ Receipt # _____
Pre-Appl. Meeting: _____ DRC: _____ LMB Hearing: _____ Council Hearing: _____
Date & Initial Date & Initial Date & Initial Date & Initial

APPLICANT INFORMATION:

Applicant Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____

LANDOWNER/LESSEE INFORMATION:

** If different than Applicant, Letter of Authorization required from landowner(s)/ lessee(s).*

Landowner/Lessee: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Legal Description (including Allotment #s): _____

PROJECT INFORMATION:

Description of Project: _____

Project Location: _____ Parcel/Project Size: _____
Current Land Use: _____ General Plan Designation: _____ Zoning Designation: _____
Surrounding Land Uses: (North) _____ (South) _____
(East) _____ (West) _____

APPLICANT SIGNATURE: _____ Date _____

LANDOWNER/LESSEE SIGNATURE: _____ Date _____

AUTHORIZED BY: _____ Date _____
Planning Services Manager

Community Development Department Director Date _____